

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small> | | | | | | | SERIAL NO. <div style="font-size: 1.2em; font-family: monospace;">09/913740</div> | FILING DATE <div style="font-size: 1.2em; font-family: monospace;">17 AUG 2001</div> | | | | |
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| | | | | | | | APPLICANT(S) <div style="font-family: cursive; font-size: 1.1em;">Ericksson</div> | | | | | |
| CLAIMS | | | | | | | | | | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | | | | |
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| TOTAL CLAIMS | | 12 | | | | | | TOTAL CLAIMS | | 12 | | |